VERIFICATION OF ADHD

The Disability Support Service (DSS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show functional limitations that impact the individual in the academic setting.

DSS requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

A. **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified or licensed psychologists or members of an appropriate medical specialty.

B. **All parts of the form must be completed as thoroughly as possible**. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. (See C. for exception)

C. **The healthcare provider should attach any reports which provide additional related information** (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. *Please do not provide case notes or rating scales without a narrative that explains the results.*

D. **The Healthcare Provider, after completing this form must sign it, complete the Healthcare Provider Information section on the last page, or attach a current comprehensive diagnostic report, and mail or fax it to the address provided in our letterhead**. The information you provide will not become part of the student's educational records, but it will be kept in the student's file at DSS, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please contact DSS. Thank you for your assistance.

The provider signing this form must be the same person answering the questions below. **AD**

Student's Information (Please Print Legibly)	
Student's Name:	☐ Mr. ☐ Ms.
Student's Date of Birth: _____ / _____ / _____	Student's Phone Number:

Diagnostic Information (Please Print Legibly)	
Today's Date:	Date of Initial Diagnosis:
DSM-V Diagnosis: ☐ 314.01 Combined Presentation ☐ 314.00 Predominantly Inattentive Presentation ☐ 314.01 Predominantly Hyperactive/Impulsive Presentation ☐ 314.01 Unspecified Attention-Deficit/Hyperactivity Disorder	**Specify current severity:** ☐ Mild ☐ Moderate ☐ Severe
Explain the severity checked above:	
Additional Diagnosis(es)/Comorbidities: • _____ • _____ • _____ • _____ • _____ • _____	

1. In addition to DSM-V criteria, how did you arrive at your diagnosis? **(Please check all that apply.)**

☐ Structured or Unstructured Interviews with the Student	☐ Developmental History	☐ Neuropsychological Testing, Date(s) of Testing: _____
☐ Interviews with Other Persons	☐ Educational History	☐ Psycho-Educational Testing, Date(s) of Testing: _____
☐ Behavioral Observations	☐ Medical History	☐ Standardized or Non-Standardized Rating Scales
☐ Other (Please Specify):		

2. Is this student currently receiving therapy or counseling? (Please check one.) Yes ☐ No ☐ Not Sure ☐

Student's Name_____

Student History

3-a. **ADHD History**: Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student/parents/and teachers. Indicate the ADHD symptoms that were present during early school years (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.)

3-b. **Psychosocial History**: Provide relevant information obtained from the student/parent(s)/guardian(s) regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.).

3-c. **Pharmacological History**: Provide relevant pharmacological history including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past. Also include any *current medication(s)* that the student's currently prescribed including dosage, frequency of use, the adverse side effects, and the effectiveness of the medication.

3-d. **Educational History**: Provide a history of the use of any educational accommodations and services related to this disability.

Student's Name_____

4. **Student's Current Specific Symptoms**: Please check all ADHD symptoms listed in the DSM-V that the student currently exhibits.

Inattention:

- ☐ Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- ☐ Often has difficulty sustaining attention in tasks or play activities.
- ☐ Often does not seem to listen when spoken to directly.
- ☐ Often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- ☐ Often has difficulty organizing tasks and activities.
- ☐ Often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort.
- ☐ Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- ☐ Is often easily distracted by extraneous stimuli.
- ☐ Often forgetful in daily activities.

Hyperactivity and Impulsivity:

- ☐ Often fidgets with or taps hands or feet or squirms in seat.
- ☐ Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in classroom, in the office or other workplace, or in other situations that require remaining in place).
- ☐ Often runs about or climbs in situations where it is inappropriate. (May be limited to feeling restless).
- ☐ Often unable to play or engage in leisure activities quietly.
- ☐ Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still f extended time, may be experienced by others as being restless or difficult to keep up with).
- ☐ Often talks excessively.
- ☐ Often blurts out an answer before a question has been completed (e.g., completes people's sentence cannot wait for turn in conversation).
- ☐ Often has difficulty waiting his or her turn (e.g., while waiting in line).
- ☐ Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; intrude into or take over what others are doing).

5. Major Life Activities Assessment: Please check which of the following Major life activities listed below are affected because of the student's impairment. Indicate the severity of the limitations.

Life Activity	Negligible	Moderate	Substantial	Don't Know
Concentrating	☐	☐	☐	☐
Memory	☐	☐	☐	☐
Social interactions	☐	☐	☐	☐
Note taking	☐	☐	☐	☐
Regular class attendance	☐	☐	☐	☐
Learning	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Thinking	☐	☐	☐	☐
Communicating	☐	☐	☐	☐
Keeping appointments	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐
Managing internal distractions	☐	☐	☐	☐
Managing external distractions	☐	☐	☐	☐
Organization	☐	☐	☐	☐
Finishing tests on time	☐	☐	☐	☐

Student's Name_____

6. What specific symptoms/functional limitations based on the diagnosis does the student have that might affect him/her in the academic setting?
7. Describe any situations or environmental conditions that might lead to an exacerbation of the condition.
8. State specific recommendations regarding academic accommodations for this student, and a **rationale** as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state the reasons for this request related to the student's diagnosis).
9. If current treatments (e.g. medications, counseling, etc.) are successful, state the reasons why the above academic adjustments/accommodations/services are necessary. Please be specific.

Health Provider Information

(Please sign & date below and completely fill in all other fields using PRINT or TYPE.)

Provider Signature:	Provider Name (PRINT):	Date:
Title:	License or Certification#:	
Address:		
Phone Number:	Fax Number:	

Please send this information to the campus that the student attends. Please submit to only one campus.

☐ **Rockville Campus:** Montgomery College Disability Support Services 51 Mannakee Street, CB122 Rockville, MD 20850 Phone: 240-567-5058 Fax: 240-567-5097	☐ **Germantown Campus:** Montgomery College Disability Support Services 20200 Observation Drive, SA175 Germantown, MD 20876 Phone: 240-567-7770 Fax: 240-567-1985	☐ **Takoma Park/Silver Spring Campus:** Montgomery College Disability Support Services 7600 Takoma Avenue, ST122 Takoma Park, MD 20912 Phone: 240-567-1480 Fax: 240-567-3922

***Adapted From Ohio State University Disability Verification for ADHD